

HOWARD COUNTY POLICE DEPARTMENT



PARTICIPANT INFORMATION

Name:		Date of birth:
Email:	Preferred phone #:	
Current address:		
City:	State:	ZIP Code:
Name of School:		Current Grade:
Signature:		Date:
OPTIONAL		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/>		
Race/Ethnicity: White (Non-Hispanic) <input type="checkbox"/> Black/African American (Non-Hispanic) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/>		
Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> _____		

PARENT/GUARDIAN

Name:		Date of birth:
Email:	Preferred phone #:	
Current address:		
City:	State:	Zip code:
Signature:		Date:
Relationship to participant:		

REFERRING PERSON

In order to build a strong network of support for our youth, a referring person is required. This includes: mental health providers of all kinds, guidance counselors, HCPD police officers and diversion and youth coordinators. Parents may not self refer their children. If assistance is needed in obtaining a referring person please contact us at hcpd-rap@howardcountymd.gov

Name of referring person:	
Organization:	
Email:	Phone #:

APPLICATIONS CAN BE RECEIVED BY:

Email: hcpd-rap@howardcountymd.gov

Mail or hand-deliver to:

Howard County Police Department-Community Outreach Section
10741 Little Patuxent Pkwy
Columbia, MD 21044

ATTN: Resiliency Adventure Project (RAP)